

Annual Filing Deadline – September 30th, 2021

Tax Map Key/Parcel ID #:

_____-_____-_____-_____-_____-_____-
 Zone Section Plat Parcel CPR

Address of Property for which exemption is being claimed

Does this property have a current Home Exemption? Yes No

Attach the following proof of Income:

- 1) Filed **2020** State of Hawai'i Individual Income Tax Return (N-11) Pages 1, 2, 3, & 4
- 2) Filed **2020** U.S. Individual Income Tax Return Form 1040/1040-SR with Schedules 1-3, Schedule B,C,D,E and/or F as applicable
- 3) **If any applicants were not required to file any tax return(s) a signed declaration by a Tax Preparer and an affidavit will need to be signed, notarized & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements will need to be submitted to validate income. If any returns are submitted without signature or proof of filing, applicant must provide proof of filing before processing continues.**

PROGRAM I

2022 Additional Home Exemption Relating to Owner-Occupants' Income

1. Print Names of ALL Owner Occupants & Spouse (if filed joint return) who occupy this property

Last	First	M.I.	Social Security No.	Phone No.

Mailing Address: _____

- a) #of dwellings on property? _____ If more than 1, state approx. year the dwelling you live in was built _____
- b) Is any portion of the dwelling you live in used as rental? _____ business? Yes - Sq ft. _____ No

2. My Gross Income for last year is: **\$81,600 or LESS**

You may reference the attached Income Worksheet to assist with the determination of the gross income

	First Owner	Second Owner	TOTAL
From Federal Returns			
From State Returns			

PROGRAM II

2022 Very Low Income Tax Credit

IF THE COMBINED TOTAL OF ALL TITLEHOLDERS GROSS INCOME IS \$51,000 or LESS

I understand that my current year taxes MUST BE PAID IN FULL as of June 30th, 2021 to benefit Initial

COMBINED Titleholders Gross Income \$ _____ 3% of COMBINED TITLEHOLDERS Gross Income \$ _____

PART III CERTIFICATION

I hereby certify that I am a qualified title holder and spouse thereof, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kaua'i, or his duly designated representative of the Department of Finance, County of Kaua'i, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service. ANY PERSON WHO FALSIFIES OR MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXEMPTION

Signature _____

Date _____

Signature _____

Date _____

(FOR OFFICIAL USE)

Received by: _____

Date: _____

(FOR OFFICIAL USE)

PITT # _____
 BLDG # _____
 BLDG % _____
 LAND % _____
 PROC. BY _____
 DATE _____

(FOR OFFICIAL USE)
Received by: _____
Date: _____

REAL PROPERTY ASSESSEMENT DIVISION
DEPARTMENT OF FINANCE COUNTY OF KAUAI
4444 Rice St., Suite A-454, Lihue, HI 96766-1326
Phone: 808-241-4224 Fax: 808-241-6252
Email: rpassessment@kauai.gov
Annual Filing Deadline – September 30, 2021
Tax Map Key/Parcel ID #:

(FOR OFFICIAL USE)
PITT # _____
BLDG # _____
BLDG % _____
LAND % _____
PROC. BY _____
DATE _____

_____-_____-_____-_____-_____-_____-
Zone Section Plat Parcel CPR

Address of Property for which exemption is being claimed

Attach the Following Proof of Income for EACH additional titleholder:

- 1) Filed 2020 U.S. Individual Income Tax Return Form 1040 with Schedules 1-3, Schedule C, D, E and/or F, as applicable
- 2) Filed 2020 State of Hawai'i Individual Income Tax Return (N-11 or N-13) Pages 1, 2, 3, & 4
- 3) **If any applicants were not required to file tax return(s) a signed declaration by a Tax Preparer and an affidavit will need to be signed, notarized & submitted in lieu of the return(s). If filing an affidavit a Social Security Benefit (SSA-1099), Pension and any other end of year statements received to validate income.**

2022 Additional Titleholders Very Low Income Tax Credit Application

GROSS INCOME OF ALL TITLEHOLDERS MUST BE \$51,000

You may reference the attached Income Worksheet to assist with the determination of the gross income

Information of **ADDITIONAL TITLEHOLDERS** not listed on original application:

Applicant's Name _____ Social Security # _____ - _____ - _____

Mailing Address _____ Email Address _____

Phone _____ Title Holders Gross Income \$ _____

Applicant's Name _____ Social Security # _____ - _____ - _____

Mailing Address _____ Email Address _____

Phone _____ Title Holders Gross Income \$ _____

PART III CERTIFICATION

I hereby certify that I am a qualified title holder, that the information above is true and correct, and that the tax return submitted with this application is a true and correct copy. I understand and accept that the Director of Finance County of Kauai, or his duly designated representative of the Department of Finance, County of Kauai, may require that I request to verify my income tax filing status with the Department of Taxation, State of Hawai'i, and the Internal Revenue Service of the United States; and authorize the County of Kauai to verify my income or other information on this application with the State Tax Office or Internal Revenue Service.

ANY PERSON WHO FALSIFIES AND MISREPRESENTS ANY INFORMATION IN MEETING REQUIREMENTS OF CHAPTER 5A-11.4(e) SHALL BE FINED \$1,000 OR IMPRISONED FOR NOT MORE THAN ONE YEAR OR BOTH. IT SHALL ALSO BE GROUNDS FOR DISQUALIFICATION FROM RECEIVING THE EXEMPTION.

Signature

Date

Signature

Date

(FOR OFFICIAL USE)	
File #	
Year	2022
Date	

**INCOME FROM EACH HOMEOWNER
(All Owners Residing on Property)**

TMK: #	
Name of Homeowner	
Homeowner's Social Security	
Sources of Income - Using Forms 1040 & 1040 SR	
1. Wages, salaries, tips, etc. <i>Line 1</i>	
2. Interest income (taxable & non-taxable) <i>Line 2A & Line 2b (Provide Schedule B)</i>	
3. Dividend income (total before exclusions) <i>Line 3b (Provide Schedule B)</i>	
4. IRA distributions <i>Line 4a or 4b (take the larger amount)</i>	
5. Pensions and Annuities <i>Line 5a or 5b (take the larger amount)</i>	
6. Social Security benefits <i>Line 6a or 6b (take the larger amount)</i>	
7. Capital gain or (loss) (Provide Schedule D) <i>Line 7 - if box is checked - use amount in box if box not checked, Line 13 (1099, Line 2a) - enter '0' if loss</i>	
8. Taxable refunds, credits or offsets of state & local income tax <i>Schedule 1/Line 1 (portion of broken out total in Line 9)</i>	
9. Alimony received (Provide Schedule 1) <i>Schedule 1/Part 1/Line 2a (portion of total in Line 9)</i>	
10. Business income (Provide Schedule C) <i>Schedule C/Part 1/Line 7 (portion of Schedule 1 total in Line 9)</i>	
11. Other gains or (losses) (Provide Form 4797 & Form 4684) <i>Schedule 1/Part 1/Line 4 (Form 4797, line 14 - Form 4684, Line 31 & 38a)</i>	
12. Rental real estate, royalties, partnerships, S corporations, trusts, etc. (Provide Schedule 1 and Schedule E) <i>Schedule 1/Part 1/Line 5 & Schedule E Part 1/Lines 3 & 4, Columns A,B,C Schedule E Part V/Line 41</i>	
13. Farm income or (losses) (Provide Schedule 1 and Schedule F) <i>Schedule 1/Part 1/Line 6 & Schedule F, Line 9</i>	
14. Unemployment compensation (Provide Schedule 1) <i>Schedule 1/Part I/Line 7</i>	
15. Other income not reported above (Provide Schedule 1) <i>Schedule 1/Part I/Line 8 (Discharge of debt, gambling, insurance settlement, etc.)</i>	
16. County's Allowable Adjustments to Gross Income IRA, Keogh Contributions & Rollovers <i>Enter the rollover amount as negative</i>	
TOTAL GROSS INCOME FROM EACH HOMEOWNER TOTAL	
GROSS INCOME OF ALL HOMEOWNERS ADDITIONAL	
INCOME EXEMPTION GROSS INCOME LIMIT	\$81,600.00
VERY LOW INCOME CREDIT GROSS INCOME LIMIT	\$51,000.00